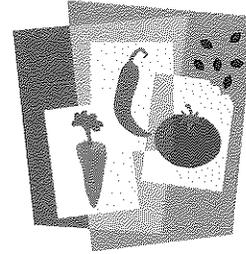


Marlborough
Cider Knoll
Community Garden



Application

Name: _____

e-mail address: _____

Phone #: _____

Address: _____

FEES: \$25 Full Plot \$15 half plot

Make checks payable to: **City Of Marlborough**

- Mail: Form and check to Priscilla Ryder, Conservation Department, 140 Main Street, City Hall, Marlborough MA 01752
- Yes, I have signed city Waiver Form –on back

Questions please contact Priscilla Ryder at 508-460-3768 or pryder@marlborough-ma.gov

**CITY OF MARLBOROUGH
VOLUNTEER CONSENT & RELEASE FORM**

I, the undersigned _____, do hereby consent to my participation in **the City of Marlborough's Community Garden and related activities.**

I also agree to forever release the City of Marlborough ("City"), and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in the Community Garden and associated volunteer activities ("**the Releasees**") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to myself and/or property damage sustained by me as a result of **my participation in the City of Marlborough's Community Garden and related activities.**

I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to myself and/or property damage sustained by me as a result of my participation in the **City of Marlborough's Community Garden and related activities.**

I further affirm that I have read this Volunteer Consent and Release Form and that I understand the contents of this Form. I understand that my participation **is voluntary** and that I am free to choose not to participate in the **Community Garden and related activities.** **By signing this Form, I affirm that I have decided to participate in the City of Marlborough's Community Garden and related activities,** with full knowledge that the Releasees will not be liable to anyone for personal injuries and/or property damage I may sustain as a result of my participation.

Participant's Signature:

Print Name _____

Address _____

Phone number: _____

Date: _____